

# TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES



## GUIDELINES FOR THE USE OF TELEMEDICINE

## **Overview of Telemedicine**

The Tennessee Department of Mental Health and Development Disabilities (TDMHDD) has conducted extensive research on the use of telemedicine services. Based upon the findings, TDMHDD believes telemedicine is a viable option for access to behavioral health services that are outside of a thirty (30) mile radius or cannot be received timely within this mileage radius.

Telemedicine is the use of electronic information and telecommunication technologies to support clinical care between a consumer and healthcare practitioner. The continued development of the Internet and recent reductions in the cost of technology to deliver this service have made telemedicine a viable option for delivering behavioral health services to service recipients residing in rural and underserved geographic regions. As a cost-effective alternative to more traditional ways of providing behavioral health care, use of telemedicine technology by providers can reduce transportation expenses, improve service recipient access to behavioral health providers, improve quality of care, and facilitate better communication between providers. Telemedicine is live, interactive audio-video communication or videoconferencing with the service recipient and behavioral health personnel located at the transmitting site and behavioral health personnel at the receptor site. The use of this modality is addressed in the following guidelines. These TDMHDD guidelines are to be followed by providers using telemedicine to render behavioral health services funded in whole or in part by TDMHDD and/or the TennCare program.

## **Guidelines for Providers**

Guidelines for services include but are not limited to the following:

### **1. Equipment**

The major components include monitors, cameras, CODEC (coder/decoder), a desktop computer, microphones, speakers and other audiovisual interactive technologies such as videophones. Organizational policies and procedures should be developed and followed regarding equipment quality control standards. Steps need to be taken to ensure confidentiality, such as keeping the equipment in a locked room with limited access, and privacy with the use of the equipment. Providers should keep all telemedicine equipment in good working condition and replace equipment as necessary to assure clinical results that are comparable to face-to-face clinical results.

There should be procedures in place for dealing with equipment failure. The behavioral health professional at the transmitting site should be responsible for attempting to reestablish an adequate audio-video link. If this is not possible, then the provider at the transmitting site should telephone the receptor site. In emergency situations, it is essential that there be adequate personnel at the site with the service recipient in the event of equipment failure. In case of equipment failure, a procedure to ensure prompt service recipient contact and measures to ensure continuity of care must be in place (e.g., conduct a face-

to-face assessment, conduct an in-home visit, go to the Emergency Room, etc.). The behavioral health professional that provides direct care through telemedicine is responsible for considering all options of appropriate service recipient treatment.

## **2. Privacy**

Service recipient privacy must be maintained at all times while receiving telemedicine services, according to the Health Insurance Portability and Accountability Act (HIPAA) standards. This includes privacy provisions at the service recipient's location, as well as the location receiving the service recipient's information. A written privacy policy must be reviewed and signed by the service recipient before beginning the use of telemedicine services and filed in his/her medical record.

- A) The policy must contain standards that will not allow the service recipient to be monitored through the video and/or through audio by unauthorized third parties without the service recipient's prior knowledge and written consent.
- B) The service recipient will be informed at the beginning of telemedicine services as to all of the personnel, and other individuals if applicable, located at the transmitting and receptor sites.
- C) The service recipient will be notified immediately if other personnel involved in the delivery of telemedicine services, or other individuals as applicable, enter the transmitting and receptor sites.

## **3. Confidentiality**

Service recipient confidentiality must be maintained at all times while receiving telemedicine services in accordance with, but not limited to, Tennessee Code Annotated Title 33, HIPAA standards and the Alcohol & Drug Confidentiality Regulations 42 CFR, Part 2. This includes provisions at the service recipient's location, as well as, the location receiving the service recipient's information. The agency must have a written confidentiality policy and this policy must be reviewed with the service recipient before initiating telemedicine services. The policy must contain standards equal to or greater than those in place for face-to-face services.

## **4. Licensure**

All behavioral health professional licensure requirements are the same for telemedicine as for non-telemedicine services however; licensing requirements vary from state to state. If a behavioral health professional is providing direct service recipient care across state lines, the behavioral health professional must establish with the state licensing authority in that service recipient's state whether a license from that state is required in order to provide telemedicine services. The license must then be obtained prior to rendering services through the use of telemedicine.

## 5. Liability

Providers should establish with their malpractice carriers whether coverage is provided for services rendered through the use of telemedicine. Each organization should assure all providers within the organization using telemedicine have malpractice coverage for telemedicine services.

## 6. Training

Telemedicine services should only be provided by behavioral health professionals who have been trained in how to use it properly and in accordance with organizational policies. Training for telemedicine procedures should include familiarity with the equipment, its operation and limitations, and means of safeguarding confidentiality and privacy at both the transmission and receptor sites. Each organization must have training for all personnel using telemedicine to ensure competency prior to initial use. This training must be documented in the personnel records.

## 7. Inclusion/Exclusion Criteria

Service recipient inclusion and exclusion criteria should be established for the use of telemedicine. The criteria should detail who is eligible and appropriate for the services to be rendered via telemedicine, such as which service recipients are able to understand and benefit from telemedicine services. Criteria may be easier to utilize with an established service recipient versus a new service recipient and all efforts should be made to establish a treatment relationship with a new service recipient prior to using telemedicine. Further, the behavioral health professional should request a face-to-face consultation if the service recipient's presenting condition is inappropriate for a telemedicine encounter or if visual or sound quality is inadequate.

## 8. Written Informed Consent

Written informed consent should be obtained from the service recipient, conservator, or legal guardian/custodian **before** beginning the use of telemedicine services. Written consent must be included as a part of the clinical record.

- A) The written consent must contain a statement outlining the potential risks and consequences of telemedicine.
- B) The written consent must contain documentation indicating whether or not the service recipient has agreed to or declined the use of telemedicine.
- C) It should also indicate that the service recipient has been informed that care will not be withheld if the telemedicine encounter is refused.
- D) The service recipient may terminate the use of telemedicine at any time without fear of loss of services from behavioral health providers or payors.

## **9. Progress Notes**

Progress notes should be incorporated into the service recipient's medical records for each telemedicine encounter. Each telemedicine encounter should be documented according to organizational policy, and data obtained during the telemedicine encounter must be placed in the service recipient's medical record.

## **10. Medical Records**

The service recipient's medical record must comply with organizational standards and federal and state laws for documentation of telemedicine encounters. Documentation for a service rendered through telemedicine should include, at a minimum, the same information as a face-to-face contact. Additionally, it should include the following information:

1. The location of the behavioral health personnel providing the service;
2. The location of the service recipient (e.g. town, facility where physically located, etc.);
3. Any malfunction that may have affected clinical care being rendered by telemedicine, such as the quality of a transmission being poor and how this was addressed; and
4. A list of all personnel and others present during the telemedicine services and their role(s).

The provider maintaining the medical record and the location of the medical record (e.g.-receptor site, transmitter site) must be clearly stated in organizational policy. If the record is kept at the site where the service recipient is physically located, then arrangements should be made to also have a copy of the record at the site of the treating behavioral health provider. Privacy and confidentiality will apply to all sites where medical records are located.

## **11. Medication Management**

Telemedicine can be used for medication management including medication evaluation as clinically appropriate.

## **12. Crisis Evaluations**

A service recipient should not be managed via telemedicine services without the support of medical/behavioral health staff present at the transmitting site if he/she is suicidal, homicidal, dissociative, having significant cognitive limitations including mental retardation, or acutely psychotic. The same criteria (e.g.-risk assessment, documentation, and response time) apply to telemedicine crisis evaluations as to face-to-face crisis evaluations.

### **13. Interpreter Services**

Telemedicine is a viable option for the use of interpreter services. The use of telemedicine for interpreter services needs to be evaluated for clinical appropriateness for each encounter prior to its use with service recipients.

### **14. Other Uses for Telemedicine**

TDMHDD has approved telemedicine use for the purposes of medication management, crisis evaluations, and interpreter services. Additional uses for telemedicine for clinical services requires prior approval to TDMHDD by written proposal. Proposals for alternative uses should be submitted to:

Tennessee Department of Mental Health and Developmental Disabilities  
Division of Managed Care  
425 5<sup>th</sup> Avenue North, 5<sup>th</sup> Floor, Cordell Hull Building  
Nashville, Tennessee 37243  
(615) 253-6845 Facsimile

Should the additional use being proposed by the provider be funded by the managed care companies (MCCs) participating in the TennCare program and these MCCs also require prior approval for telemedicine use, the provider should also seek and gain approval from the MCCs at the same time they submit their proposal to TDMHDD. The proposal must include the following elements: services proposed, site locations (i.e. receptor and transmitter sites), minimum and maximum usage anticipated, and age group(s) to be served. All proposals must receive permission from TDMHDD prior to rendering services through telemedicine.